

**STATE OF MAINE**  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**PROVIDER SUMMARY PAGE**

Community Agency/Program Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agreement Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fiscal Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other Contact Information:

List all locations where services are provided and include the contact person, telephone number, and hours of service.

Service	Service Site	Contact Person	Telephone #	Hours of Service	License Type and Capacity